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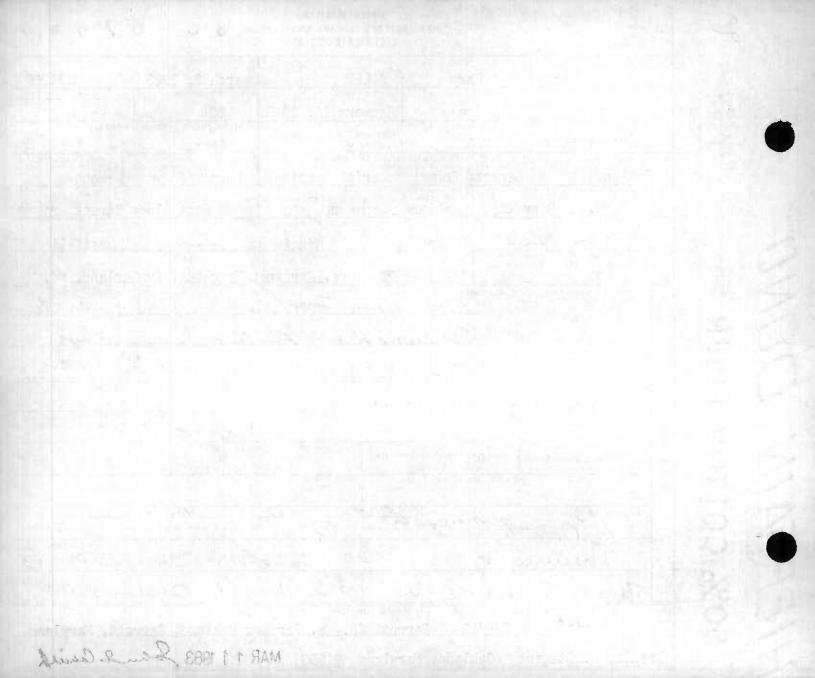
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH FIRST 2b. HOUR TYPE OR PRINTS ADI FR March 2, 1983 Lena Mary 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX IF UNDER I YEAR Female. White January 14, 1903 80 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED West Virginia Garrett WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Oakland Garrett County Memorial Hospital Housewife Home 408 East Alder Street 13n STATE Oakland Garrett Md. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Westfall Dominick Minnie \_ombard 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN) 132-10-3025 Mrs. Margaret Marcheck, Cumberland, Md No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY mulle IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did not) view the body ofter death DEGREE 22c DATE SIGNED 0. STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) 3/5/83 Oakland, burial Garrett Co. Me. Gardens 24 FUNERAL DIRECTOR

21550

Oakland, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

Bradley A. Stewart



funeral director, page 3 thin 72 haurs after death

	١,	FOR STATE			DEPARTI		E OF MARYLAND BEALTH AND MENTA	L HYGI	ENE 8 3	0 7	6 5	5 9
		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME OR PRINT)	FIRST		MIDDLE	l	AST		20 DATE OF DEATH MONTH	DAY Y	EAR 2b F	HOUR
			ilber		Ray		XANDER		March 4, 198	33	80	OAM
	3. SE	X		4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS	DAYS HOU	NDER 24 HRS
		Male			ite	May 8	8, 1906	3.1	76	RS		
25	C	RTHPLACE (STATE OR FOOUNTRY)  Aryland	DREIGN		WHAT COUNTRY?	1	D NEVER MARRIE	D X	9 BALTIMORE CITY OR COU	NTY OF DEA	тн	
7		ITY OR TOWN OF DEA	ATH		ISA HOSPITAL, NURSIN	WIDOWE NG HOME C	DR OTHER INSTITUTION	- Land	12a. USUAL OCCUPATION	12b K	(IND OF BUS	MD.
10		0akland		Dennett	Road Ma	nor No	ursing Home	e	Timberman	NG LIFE) INDU	umber	
25	13a S	AL RESIDENCE (IF NURS				E ADMISSION)	13d. INSIDE CITY LIMI	ITS?	13e STREET ADDRESS			
~	14.54	Md.	Gar	rett	Oakland		YES NO X		Route #2, Box	153	21	550
0	14 64	Ralph	McC1	elland	Alexande	r	15. MOTHER'S MAIDE		Elizabeth	McG	Gettig	an
,		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECL	-	17 INFORMANT	IIC.	ADDRESS	Ticc	20019	an
	()	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-18-	1256	Mrs. Gertr	rude	Metzger, Balt	imore.	Md.	
		18 CAUSE OF DEAT	H (Enter or	nly one couse per		-	1.7.50 00.0.				APPROXIMATE I	INTERVAL AND DEATH
		PART I. DEATH W		TE CAUSE (0)	Resper	ator	y Failur	Q.			Minut	
		0799		DUE TO O	R AS A CÓNSEOUI	ENCE OF		_	4			
		Conditions, if any,		(b)	Viral	sy	ndrome	(	FLU)		Days	
		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, OI	r as a conseoul	ENCE OF						
				( (c)								
	NO	PART 2 OTHER SIGN		COPD	ONTRIBUTING TO I	<u>DE ATH</u> BUT	NOT RELATED TO THE	ETERMI	NAL DISEASE OR CONDITION	GIVEN IN PA	ART 110	
-	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b. IF	YES, WERE F	FINDINGS	JSED
4	TIF								YES NO NO	YES [		D C
9		21a, ACCIDENT WAS UND			FINJURY M. MONTH D	AY YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PA	ART 2)	
1	CAL	(IF EITHER, NOTIFY MEDICA	AL EXAMINER)	P./	M.	19						
	MEDICAL	21d. INJURY OCCURR WHILE NOT WHAT WORK AT WO	HILE [	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUN	īΥ	STATE
		220.1 certify the		tal) attended the	e deceased from_	G .	3-4 19	83	to	19	that (	li (we) lost
		sow the decease obove, (1) we) (a	d alive a	3-4	1 10 8	3, or	nd that in (my) (our) op	pinion di	eath occurred on the date and	hour and fro	m the couse	s stated
		226. SIGNATULE	0.1	200		P	DEGREE			22ε.	DATE SIGN	ED
		7 00	real	o. 200			ATTENDI PHYSICI		MEDICAL STAFF DIRECTOR PHYSICIAN		3/4/8	3
1		22d. PHYSICIAN'S NA	-				22e. ADDRESS			F. 77 %	7.24	
1			RED	10.	erman				urth St., Oakl	and, M	1d. 2	1550
	23a. B	URIAL, CREMATION,	_				EMETERY OR CREMAT		23d LOCATION CITY OR TOWN	COUNTY		STATE
	24 5	buria	1	3/7/	83 Ho	yes_Ca	atholic Cen			rett,	Mary	land
	-	NAME		+ 0-1	ADDRESS			MA	R 1 1 1983	GISTRAR'S SI	GNATURE	ed
	Br	adley A. S	rewar	'L Uak	land, Mar	ryland	21550	TAIN	V 1 1 1900			*

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been retained by the haspital ar attending physician.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, th shauld be detached far use as the burial-transit permit. Then please remave carban with the State Dept. af Health and Mental Hygiene priar to burial, crematian, ar rem

MAR 17 1983 Sand Carild

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## COE MADVIAND DEPARTA.

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1	3	U		O	O	

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME	FIRST	_	WIDDLE	72112	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		J	essie	Jan	nes i	Bitti	nger	March 8, 198	3	800 P M
	3. SE	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
		Male		Wh:	ite		st 31, 1893	89 YRS		MODES MIN.
-	7a. Bl	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
)		Maryland		USA	A	WIDOWE		Garrett		MD.
-	10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
2		Oakland		Garret			ial Hospital	Farmer	Farmi	ng
5	13a. S	AL RESIDENCE (IF NURS	136. COU		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
-	14.54	Md.	Ga	rrett_	<u>  Oaklan</u>	d	YES NO X	Route #2, Box	59 (	21550)
	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	LAS	ST
	12 1	James WAS DECEASED EVER			Bitting		Nancy	ADDRESS	Burkh	nolder
		YES, NO OR UNKNOWN)		VE WAR OR DATES	166. SOCIAL SECU		17 INFORMANT		"10	7
		No			213-18-0		Mrs. Genevie	ve Bittinger, S		
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter or AS CAUSE	nly one couse per D BY:	Pneumonia	(ci.)				MATE INTERVAL ONSET AND DEATH
		2100	IMMEDIA	TE CAUSE (o)		•			2 we	eks
ŧ.	W	3107		DUE TO, O	RAS A CONSEQUE	NCE OF	f age - bed-fa	ac+	6 mo	ntho
		Conditions, if ony, gove rise to imm	nediote	(b)		A (74)		15 C	0 1110	nuns
		couse (a), statin underlying couse		DUE TO, O	Chronic E	rain	Syndrome			
	1	PART 2 OTHER SIGN	VIFICANT (					INAL DISEASE OR CONDITION G	IVEN IN PART 1	0
	NO									
2	CERTIFICATION	19a. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		ES, WERE FINDIN	
	TIF							and the same of th	TIFYING CAUSES YES 🔲	NO [
)	CER	210. ACCIDENT WAS UND			FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2)	
	CAL	OR CONTRIBUTING C		AIR	_	19				
	MEDICAL	214 INJURY OCCURR	RED	21e PLACE	OF INJURY	IRM FICE	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WH	K L							
		220.1 certify that (1) saw the decease	d olive on	Octob	er 8	Octo	oer 6 , 1969	, to	00	that (1) (We) lost
		725 SIGNATURE	/	I view the body	ofter death.		DEGREE		22c. DATE	
		Hert	ut	the	woo Alon	, m	ATTENDING PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN	9 Ma	ar 1983
		THE PHYSICIAN'S NA	The second	pe promoti		1	120 ADDRESS	c Oakland Ma	my land (	21550
		Herbert	H. L	.eighton	, M.D.		vak e stil st	s., Oakland, Ma	ry land a	21050
		BURIAL, CREMATION,		23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

etoined by the hospital

DHMH - 16 50M 1/81 (VRA 15, 4)

with the State Dept. of Health and Mental Hygiene prio IMPORTANT: If them 21 is morked or Item 18 shows any

signed by the ottending physicion and completely filled in by the funeral nen please remove corban papers. Pages 1 and 2 should be filled within 72

burial 24 FUNERAL DIRECTOR

Bittinger Cemetery | SW DATE REC'D. MAR 1

23d LOCATION
CITY OF TOWN
Swanton,

Bradley A. Stewart Oakland, Maryland

3/12/83

5 S

dailed to age to reidential MAR I DISS John B. Child

## FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

2	3	0	7	6	6	1
	DEC NO					

REGISTRAR							REG.	NO.		
I. DECEASED NAME {TYPE OR PRINT}	Rose		len		osley		20. DATE OF DEATH March	монтн <b>5</b> ,	1983	26 HOUR 2:20
3 SEX Female	4 RA	White	е	5. DATE C		1908	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DATE	
BIRTHPLACE (STATE		USA	VHAT COUNTRY	WIDOWE	D D	MARRIED	9 BALTIMORE CITY Garrett	OR COUNT	Y OF DEATH	
Oakland		(IF NOT IN SUCH	OSPITAL, NURSI FACILITY, GIVE STREE County	Memo 1			170. USUAL OCCUPA (TYPE OF WORK FOR MOS COOK		IIFE) INDUSTR	of Business of taurant
13a STATE W.Va.	13% COUNTY Grant		13c. CITY OR TOV	WN	13d INSIDE (	NO 🗌	13e STREET ADDRES		9-	9999
Samuel T			LAST	110100	Sadi		WIDDLE	RESS	Shears	AST '
(AE? MOS NUKNOMN			233-50		17 INFORM.		Bosley- sar			102
18 CAUSE OF DE PART I. DEATI	ATH (Enter only on WAS CAUSED BY: IMMEDIATE CA	: AUSE (0)	00 /	CAVO	in F.	Arture			APPRO BETWEET	NIMATE INTERVAL NONSET AND DEA
Conditions, if a gove rise to couse (a), st underlying co	ny, which immediate ating the use lost.	(b) DUE TO, OR	AS A CONSEQU	JENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART I	year
190 DATE OF OPE	RATION	196. CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE	INGS USED S OF DEATH?
	CAUSE OF DEATH	216. TIME OF HOUR A.M P.M	MONTH D	PAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN			
OR CONTRIBUTING (  (IF EITHER NOTIFY A  21d. INJURY OCC  WHILE NO AT WORK AT		21e, PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATE STREE		CITY OR	rown	COUNTY	STATE
	(1) (this hospitol) o ose alive on and all lid not view				d that in (my)	(our) opmion	, to	dote and ho	our and from th	, that (I) (we) I e couses stated E SIGNED
									- T. C.	
224 PHYSICIANIES	1	uce	120		7.1		DIRECTOR PHYS		8	Man 8
	NAME (TYPE OR PRIN	IT)	).		??e ADDRES	PHYSICIAN D	MEDICAL ST DIRECTOR PHYS Duth Third and, Md. 2	Stree	187 t	200 0

pus Oakland, Maryland

MAR 1 1 1983

Storm

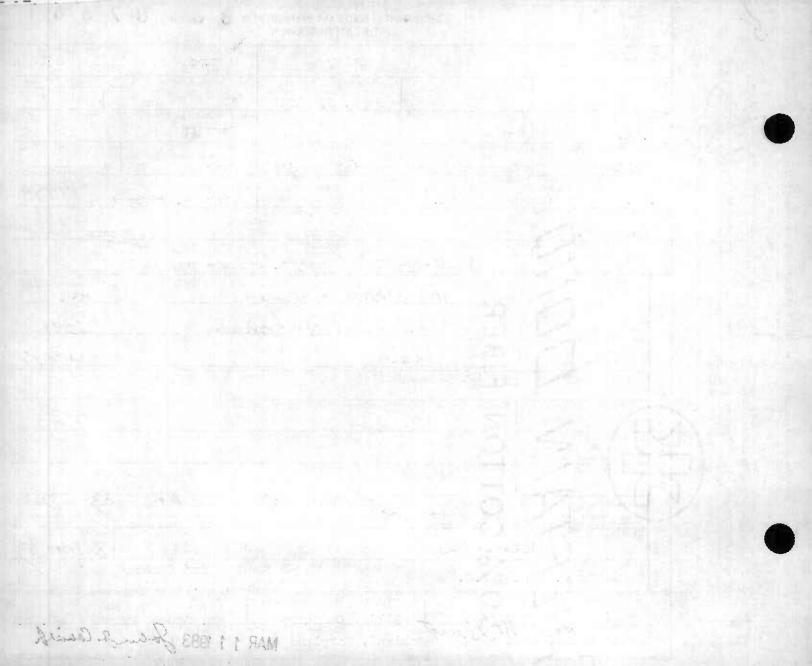
BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Kelud YG Durst Funeral Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbanapapers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician



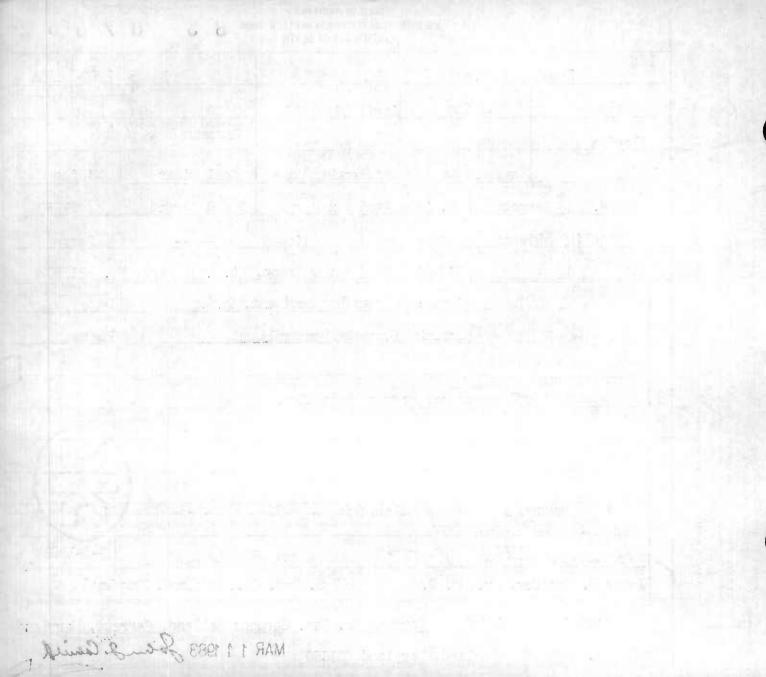
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplately that in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 though be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examining mental internal and the property of the medical examining mental internal and the property of the medical examining mental and the property of the property of the medical examining mental and the property of the proper

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. BP. DHMH-1650M1/B1 (VRA 15, 4)

		FOR - STATE REGISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	0 ,	G. NO.	076	6 2	2
		CEASED NAME E OR PRINT)	rank		ash		MON	20. DATE OF DEA	TH MONTH  3	DAY YEAR	2b. HOUR	
	3. SE:		rank	4 RACE	i te		OF BIRTH H DAY YEAR	6. AGE (IN YEARS L		5 1983		M IRS
18		IRTHPLACE (STATE OR F COUNTRY)  Florida  ITY OR TOWN OF DEA		USA	OSBITAL NIJBSIA	WIDOWI	D NEVER MARRIED	9 BALTIMORE C Garret	t _			MD.
0	0	akland		Dennett	Road Ma	nor N	lursing Home	Coal M	NOST OF WORKING	GLIFE) INDUSTRY	of Business ing	OR
1	130. S	AL RESIDENCE (IF NURSI STATE Md.	136 COUN		13c. CITY OR TOW Mt. Lake	'N		130 STREET ADDR			21550	
2		Franklin	Pi	middle erce	Damon		15. MOTHER'S MAIDEN NAME FIRST Alice	MID			erry	
		VAS DECEASED EVER YES NO OR UNKNOWN) NO		E WAR OR DATES)	213-01-4		Andrew Damon		DDRESS	Md 2	1550	
	TION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2. OTHER SIGN  Acut	which nediate go the lost.	D BY:  E CAUSE (6)  DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  ral uppe	Cerebera  AS A CONSEQUE  AS A CONSEQUE  NITRIBUTING TO D  TO TESPIT	1 vas	cular accidentsis, generalication to the term infection.	zed Inal disease or		Days Year	o	TH_
2	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDIT	10N FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CER	YES, WERE FIND TIFYING CAUSE YES []		
7	MEDICAL CER	21a. ACCIDENT WAS UNDO OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHI AT WOR	AUSE OF DEA AL EXAMINER ED	HOUR A.M P.M 21e PLACE C	N. MONTH DA	19	216. HOW INJURY OCCURE 216. LOCATION STREET		FINJURY IN ITEM 1	8 PART I OR PART 2)	STATE	_
		220. I certify that (1) saw the decease e.e., (1) (22b. S) SNATURE	d olive on	Iz	deceased from 8	June June			the date and h	22c. DATI	that (1) (%) I couses stated SIGNED 1983	ost
1		ames H. I	Feast				107 S. 2nd.	St., Oak	Land, M	aryland		
	24 FL	burial, cremation, is buria buria uneral director adlev A. S	1	3/8/83		rett	250 DAT	lens Oak 1  REC'D. BY REGIST  1 1 1983	and, Ga	county arrett, istrar's signa	Marylar Ture	nd_



ε <del>†</del>		REGISTRAR EASED NAME FIRST OR PRINT!  Daylo	0	MIDDLE	Delander	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 14 83 /145
	1 SEX	S	4. RACE White	J	5. DATE OF BIRTH  MONTY 2-16-02  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
	C	OUNTRY Maryland	U.S. A		MARRIED NEVER MARRIED WIDOWED DIVORCED	yarrett	THE LEGIS
19 65	Oa	V OR TOWN OF DEATH	Garret	E Co. Mem	ADDRESS HOSPITAL	Supervisor	ING LIFE) 12b. KIND OF BUSINES
State of the state	WSUA	L RESIDENCE (IF NUR)	OF OTHER INSTITUTION	13-CITY OR TOX		13e. STREET ADDRESS	9999
15 THE	14 FA	THER'S NAME	MIDDIN.	Delaud	15. MOTHER'S MAIDEN N		rowning LAST
ond co	16a W	AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO 17 INFORMANT	(Bertha) Delaud	Rt., Terra
the offer remotion er froun	5	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c)_	OR AS A CONSEQUI	ENCE OF  DEATH BUT NOT RELATED TO THE TE	PAINIAI DISEASE OF CONDITION	
t been signed by minut. Then please pries to being con-	ICATION	PART 2. OTHER SIGNIFICAN Bleed 190. DATE OF OPERATION	in Grs	Tric W	OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
unst permit Then places by Wilders Polygene pries to build or 8 second rights, as only	CERTIFICATION	Breed 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	5 G25	DF INJURY	OPERATION WAS PERFORMED  21c. HOW INJURY OCC	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \( \) NO \( \)
ottending physician ter this cardiscute has been signed by if the burial transit perior. Then please next Mental Hygiene prior to burial cr feed or them 18 show, any injury, or oth	CAL	B) eed	19b. COND  19b. COND  19b. TIME C HOUR A NER)  21e. PLACE	DF INJURY	OPERATION WAS PERFORMED  21c. HOW INJURY OCC  AY YEAR 19  21f. LOCATION	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \( \) NO \( \)
pord or offending physician.  TOR, After this certificate but been signed by for one or the burnof-transit permit. Then please of Health and Meetal Hopiene print to build on 21 is morked or then 18 story only year other.	MEDICAL	Bleed  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF [IF EITHER NOTIFY MEDICAL EXAM! 21d. INJURY OCCURRED NOTWHILE ☐ AT WORK  22a. I certify that (I) (thus ho	21b. TIME C HOUR A. NER) 21e. PLACE (AT HOME, ST	DF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, 1	OPERATION WAS PERFORMED  AY YEAR 19 21f LOCATION STREET 3 19	200 AUTOPSY? 200.  YES NOW IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO COUNTY STA
y the houpfol or oftending physician.  At DRECTOR, After this certificate box been signed by detached for one or the bursol-transit permit. Then please are Dept. of freshth and Merital Hydiene prior to bursol or the IS strong cary (righty, an other II shows any (righty).	MEDICAL	Bleed  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE ETHER NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  NOT WHILE AT WORK	21b. TIME C HOUR A. NER) 21e. PLACE (AT HOME, ST	DF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, 1	AY YEAR 19 21f. HOW INJURY OCC AY YEAR 19 21f LOCATION STREET  19 23 ond that in (my) (and apini) DEGREE ATTENDING	200 AUTOPSY? 200.  YES NOW IN C  URRED (ENTER NATURE OF INJURY IN TE  CITY OR TOWN  To death occurred on the dote on	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO COUNTY STATES
mined by the hospital or offereding physician. FUNERAL DIRECTOR: After this certificate has been righted by a uid be detached for one or the buriod transit permit. Then places in the State Diept of Health and Meetal Hygiene prior to build or PORTANT. If here 21 is morked or them 18 show, cary injury, or other	MEDICAL	Bleed  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER NOTIFY MEDICAL EXAMN 21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. I certify that (I) (1905 how the deceased live obave, (I) (1905 did) (1906 how).	21b. TIME CODE AT HOUR A. P. 21c. PLACE (AT HOME, ST. Springly) attended the on activities the bady	OF INJURY .M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, 19 deceased fram_ 19 offer death.	AY YEAR 19 21f LOCATION STREET  DEGREE ATTENDING PHYSICIAN 22s ADDRESS	YES NOW IN COURSED (ENTER NATURE OF INJURY IN THE CITY OR TOWN on death occurred on the date on STAFF	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY STATE OF PART 2)  COUNTY STATE OF PART 2)  COUNTY STATE OF PART 2)  A hour ond from the couses state of the couse of the couses state of the couse of the couse of the couse of the couses state of the couse of the cou

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	tony John Als			g	unia,'	

STATE OF MARYLAND

HOOR & reservation - Miles & 1255 4 my book produced. The second of the second of the MAR LETSES JEan g. Coming

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the timeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar other traumatic event, the medical exam

2	FOR T - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA			
	I. DECEASED NAME	FIRST MID		LAST			
# 3 Fe	(TYPE OR PRINT)	Oselane	Mae	FISHER			
(BLAI)	3. SEX	4 RAC	E	5. DATE OF			
(IVI)	Female	White		Feb.	29, 1916		

L HYGIENE 6 6

ı	REGISTRAR			CERTI	ICAIL OI DEATH	REG. NO.			
I	1. DECEASED NAME FIRST	MIDDL	·Ε	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOL	UR
ı	Oselan	le Mae	F]	ISHER		March 12, 1983	3	9	PM
I	3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		
I	Female	White		Feb.	29, 1916 EAR	67 YRS	MONTHS DAYS	HOURS	MIN
4	O BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
4	Maryland	USA		WIDOWE	D DIVORCED	Garrett County	11.5	MD.	
Ì	10 CITY OR TOWN OF DEATH		PITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND C	OF BUSIN	ESS OR
7	Friendsville	Morris				Homemaker	Own H		
	USUAL RESIDENCE (IF NURSING HOME O 13a, STATE 13b, COUI	VTY 13c	CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	215	531	
2	Maryland Garr	ett F	riendsvi	lle	YES K NO		O. Box	( 84	
	14 FATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	LA	5.7	
	John Or	val J	enkins		Mary	Catherine	Smearma	ın	
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURI	ITY NO.	17 INFORMANT	P.O. 188584.			2013
ı	No (Fres, 6)		19-01-51	.68	Wm. H. Fisher	r, Friendsville,			
ı	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	aly one couse per line	for (a), b and	C				ONSET AND	RVAL
ı		D BY:	una C	2.nc	er			OHOLI AIR	
ı	1629 MMEDIA							11.3	
١	Conditions, if any, which	DUE TO, OR AS	A CONSEQUEN	ICE OF					
1	gave rise to immediate	(6)							
ı	cause (a), stating the underlying cause last	DUE TO, OR AS	a CONSEQUEN	ICE OF			4 1 - 2		
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GI	VENI INI DADT 1/	0	
I	& Chron	ic Ohst	autice.	PQ.	Im. Disease	2 Eigzrette	Aluc	2	
1	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDIN		
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING			-			IFYING CAUSES	NO [	TH?
1	00.000.000.000.00		JURY MONTH DAY	YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)		
I	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		19					
ı	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE OF II	NJURY ACTORY, OFFICE, FAR	M. ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	S	TATE
ı	WHILE ONOT WHILE O			1		14			
ı	22a.1 certify that (1) (this hosp			4	- JZM. 19 83	_10 12 Msr	19 83	that (I) (	we) last
١	saw the deceased alive an abave, (I) (we had did no	t) view the bady afte	r death.	<b>3</b> , an	nd that in (my) (our opinion d	leath accurred on the date and ho	ur and from the	couses st	oted
1	226. SIGNATIORE	11 1	1		DEGREE		22c. DATE	SIGNED	100
	Karl No	Church		/	ND ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/1	4/8	3
1	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)		1100	22e ADDRESS	ESTAD WHITE BOLD		1	
	Karl E. Schwa	lm, M.D.	I I I	100	311 N. 4th St	t., Oakland, Md.	21550		
1	230 BURIAL, CREMATION, REMOVAL	236 DATE	23c. NA	WE OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	ST	TATE
1	Burial	Mar.15,19	983 Ste	ele	Cemetery	Friendsville.			

DHMH - 16 60M 1/75 (VR A 15 (4))

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Lewman

Grantsville, Md.

Friendsville,
250. DATE REC'D. BY REGISTRAR WEEG
MAR 1 8 1983

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G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

1983

YES [

COUNTY

COUNTY

MAR RET DEWESSTRARES REGISTRARE SIENATURE

22c. DATE SIGNED

IF UNDER I YEAR

2b HOUR

**HOURS** 

12h. KIND OF BUSINESS OR

20748

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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at home

Erney

2:40 pm

20. DATE OF DEATH

- STATE

LITYPE OR PRINTI

REGISTRAR

1. DECEASED NAME

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

£ 858 3 bastant Tousewi'e at hore 11d. Pr. Cec. Fillerest tht x 1:301 23rd Perkway 20718 As dillis find plaist was Jehn 050-22-1023 085-22-1023 Thomas Dri.es same as item 13 Exrial 4/4/3 St. Perm bus pis Ch. Temple Hills

6.9. Velas o'60 com Hill Rd. (xom Hill, Fd.

	21 A
FOR	DEPARTMENT OF
STATE	

TE OF MARYLAND HEALTH AND MENTAL HYGIENE

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DEC 110					

		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.				1500
		CEASED NAME	FIRST	4-19	WIDDLE	L	AST		20. DATE OF D	EATH MONTH		YEAR	2b. HQ	UR
			cob		Α.	Helf	erstay			3	3	198	β 1	15P
	1.58			4. RACE		5 DATE C	F BIRTH		6. AGE (IN YEAR	RS LAST BIRTHDAY)		NDER ! YEAR	IF UNDE	R 24 HR5
H		Male		Wh:	ite	MONTH 5	18	10	7:	2	MONT	MS DAYS	HOURS	MIN.
		RTHPLACE   STATE OF FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	1071		9 BALTIMORE			DEATH	-	
5		est Virgini	.a	U.	S.A.	WIDOWE	DE NEVERA	ORCED	Garre	ett				AAD
3	10. CI	ITY OR TOWN OF DEAT		11. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER INST	TUTION	120 USUAL OC	CUPATION	1	12b. KIND O	OF BUSIN	MD. IESS OR
2		akland	g#		tt Road		r Nurs	ing H	ome Pap	er Mach	ing life) I	West	vacc	)
5	3a. S	ALRESIDENCE (IF NURSING TATE  Marvland	13P CON	other institution VIY egany	13c. CITY OR TOV	WN	13d. INSIDE CI	TY LIMITS?	13e. STREET AD	DRESS		2153	39	
	14 FA	THER'S NAME FIRST Charles		MIDDLE	Helfer	stav		MAIDEN NAM		MIDDLE		LAS Led	low	
		VAS DECEASED EVER IN			16b SOCIAL SEC		17 INFORMAL			ADDRESS	Cast	le Hi		
1	- (4	(ES, NO OR UNKNOWN) Yes	WW	E WAR OR DATES)	216-09-6	6412	Viola	Helfers	stay	Lonaco	-			
6		18. CAUSE OF DEATH PART I, DEATH WA	(Enter on	ly one couse per	line for (a), (b), a	nd (c).						BETWEEN	MATE INTE	RVAL
	3	PARTI. DEATH WA	MMEDIAT	E CAUSE (o)	Arterio	scler	osis,	gener	alized			Year		
	3	4407		DUE TO, O	R AS A CONSEQU	JENCE OF			SHIP Y					
		Canditions, if any,		( b)_										
		gave rise to imme couse (a), stating		DUETO	R AS A CONSEQU	IENCE OF						0.0	L.N.J.	
		underlying couse	lost.	( Ic)_		021102 01			2010					
	7	PART 2 OTHER SIGNI	IFICANT C			DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE C	OR CONDITION	4 GIVEN II	N PART 10	0	
	CERTIFICATION	Recent				MOTO TO								
7	HCA	190. DATE OF OPERATE	ON	196 COND	ITION FOR WHICH	H OPERATION	WAS PERFOR	MED	200 AUTOPS	20b. 1	FYES, WE	RE FINDING CAUSES	IGS USE	D
7	RTIF						YES NO			10 TX	YES [	]	NO [	
0		OR CONTRIBUTING CA	-	I HOUSE I	FINJURY M. MONTH D	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITE	M 1B PART 1	OR PART 2)		Test
	CAL	(IF EITHER NOTIFY MEDICA			M.	19								
	MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY	FARM ETC.)	21f LOCATIO	N		ITY OR TOWN		COUNTY		STATE
		NOT WHILE	E 🗌			2 12	1000		2 2	02				x
	5	22n certify that (I) (I	this haspit	tal) attended th	e deceased from	7-12	1700	. 19	, to	-03	, 19	, 1	that (1) (	we) lost
1	1	the deceased above, (1) (we) (did	d alive and	t) view the body	ofter death.	, an	d that in (my) (	aur) apinian d	death occurred o	in the date and	haur one	I fram the	causes st	ated
		225 VIGNATURE			1		EGREE			-1		3-3-	SIGNED	2
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	1	Tomos H	-		The 34	D	22e ADDRESS	2 1	C+	0-1-1	and d	1/10	1 -	- d
	1	James H.	rea	ister,	Jr., M	. D.	107 5	. Zna	l. St.,	Uakı	and,	mar	yra	IIu
		URIAL, CREMATION, RI	EMOVAL	23b. DATE	23с.	NAME OF C	METERY OR C	REMATORY	23d. LOCATIO			UNTY		STATE
		Burial		3/6/8	33	Philo	os		Wester			eganv		ld -

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Westernport Allegany

250. DATE REC'D. BY REGISTRAR 247 EGISTRAR'S SIGNATURE

MAR 9 1983

Diagram Tolkertero .. MAR 9 1983 Janual County

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Dessie Marie HOFFMAN DEATH MATED 4. RACE IF UNDER 24 HRS 8A DATE LAST BIRTHDAY) PRONOUNCED Apr. 26, 1899 1983 83 Female White 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! Garrett West Virginia WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Road Manor Nursing Home 0akland Housewife. Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13c. CITY OR TOWN Route #3, Box 86 Md. Garrett Oakland 21550) NO X N PENCIL IN ITEM 18. GIVE PAGES 1, 2, A XAMINER ALONG WITH FORM PM 3, 4, - TRANSIT PERMIT, PAGES 1 AND 2 SH, - TRANSIT PERMIT, PAGES 1 AND 2 SH, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unknown Kitzmiller Mae 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 232-01-2831 No Mr. George L. Hoffman, See #13 above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF 11 Arteriosclerosis, generalized gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E Mellitus; Fractured right hip 8-3-1982 CERTIFICATION ICATE, WRITH TO THE CONTROLL BE USED AT THE CORWARDED TO THE CONTROLL BE USED AT THE CONTROLL BE USED AT THE CONTROLL BURNAL OF THE CONTROLL BURNAL BURNA BURNAL BURNA BURNA BURNA BURNA BURNA BURNA BURNA BURNA BURNA BUR 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED 1 TO FUNERAL DIRECTOR: PAGE 354 AFTER DEATH, WITH THE STATE DEP/BALTIMORE, MARYLAND, 21201 PRI THE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held a Autopsy Inspection Natural causes Accident Undetermined manner DATE 3-23-1983 MEDICAL EXAMINER Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. TYPE OF PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 23b. DATE 3/25/83 buria Bavard Cemetery Bayard, Grant. West Virginia BP 24 FUNERAL DIRECTOR **DHMH-17** Bradley A. Stewart Oakland, Maryland (VR A15 ME (5)

15M 2/80

MARZO SES Janiel

FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

		REGISTRAR				CERTIF	ICATE OF DEA	HH	R	EG, NO.			
	1. DEG	CEASED NAME	FIRST	A	AIDDLE .		AST		20 DATE OF DE		VIH DAY	YEAR	26 HOUR
	(TYPF	OR PRINT)	lellie	e C	ecilia	HOLTS	SCHNEIDER		March	27,	1983		1254P »
	3 SE)	X		4 RACE		S. DATE C		VEAG	6. AGE (IN YEARS	LAST BIRTHDA	(Y) IF UI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Female		White		Marc	ch 31, 19		73		YRS.		HOURS MIN.
54		RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	D X NEVER MAR	RIED 🗆	9. BALTIMORE	ITY OR C	DUNTY OF	DEATH	
1		laryland		USA		WIDOW	D DIVOR	RCED	Garre				MD
Z	W. CI	ITY OR TOWN OF DEA	НТА			URSING HOME ( STREET ADDRESS)	OR OTHER INSTITU	TION	120 USUAL OCC			126. KIND C	OF BUSINESS OR
)	-	Oakland		Garrett			<u>ial Hospi</u>	tal	Housewi	fe		H	ome
5			13b. COUN	VTY	13c. CITY OR	TOWN	13d. INSIDE CITY	LIMITS?	13e STREET ADD			d	7155C
1		Md.	Gar	rett	Deer	Park		X	Route #	44, Bo	ox 147	<i>'</i>	
1	14. FA	ATHER'S NAME		MIDDLF	LAS		15 MOTHER'S MA		MI	DDLE		LAS	ST
1		Thomas		dwin	McA			herin	e		Mi	Iten	berger
		VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT			ADDRESS			
		No			214-4	6-3595	William	H. H	oltschne	eider.	, See	#13_	above
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	ly one couse per	line fortal, (l	b), and (c).	10 0		0,	- /		BETWEEN	ONSET AND DEATH
		PARTI. DEATH W		TE CAUSE (o)	Cer	eleral (	montos	10	There	pless	9 19	2	gur
		2500		DUE TO, OF	R AS A CONS	EQUENCE OF	y my	no	1-1	1		61	/
	453	Canditions, if ony,		(b)	Kle	ath.	22/11	elle	100			Kal	3
		gove rise to immore couse (a), stating	ig the	DUE TO, OF	R AS A CONS	EQUENCY OF	0						
		underlying couse	lost.	(c)	1	real	arsallores					gea	42
	~	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OF	CONDITIO	ON GIVEN	PART 1	a
	TIO					4.5				100			
	CERTIFICATION	19a. DATE OF OPERA	TION	196. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPS		L CERTIFYIN		NGS USED 5 OF DEATH?
	RTSF					-10.00					YES [		NO 🗌
1		21a ACCIDENT WAS UND	-	216. TIME OF		DAY YEAR	21c. HOW INJUR	Y OCCURRI	ED (ENTER NATURE	OF INJURY IN	ITEM 18 PART I	OR PART 2)	
	CAI	(IF EITHER, NOTIFY MEDI	CAL EXAMINE	P./		19						1974	
	MEDICAL	21d. INJURY OCCUR		21e PLACE (		FFICF, FARM, ETC )	211 LOCATION STREET		CI	TY OR TOWN		COUNTY	STATE
		AT WORK AT WO	RK L					-		1		03	
		22a.1 certify that (1)			deceosed f	rom C3-		1930	to	alla	19_	0	that (1) XX lost
			ed alive on	1) view the body	ofter death.		nd that in (my) (XV	X opinion d	eoth occurred or	the date o	and hour on		
		226 SIGNATURE	01	1.		/	DEGREE	NIDING	MEDICAL	STAFF		22c DATE	SIGNED
1		4	2 1/1	1ame	en				DIRECTOR			24 11	INVI
		22d. PHYSICIAN'S NA					22e. ADDRESS						
				E. Man	ce, MD				, Oaklar	id, Ma	arylar	id 2	1550
	23a. B	BURIAL, CREMATION,	_			DESCRIPTION	EMETERY OR CREA		23d. LOCATIO	OWN	CC	YINUC	STATE
		buri	al	3/30	/83	Garrett	Co. Mem.	Gard	ehs Oakl	and,			Md.
		UNERAL DIRECTOR	- 6		ADD	RFSS _		250 DATE	REC'D. BY REGI	STRAR 2	REGISTRAR	SSIGN	TURE
	Br	adlev A. S	tewar	t Oak	land.	Maryland	21550	IAP	R 2 0 198	33 17	- mil	1	-

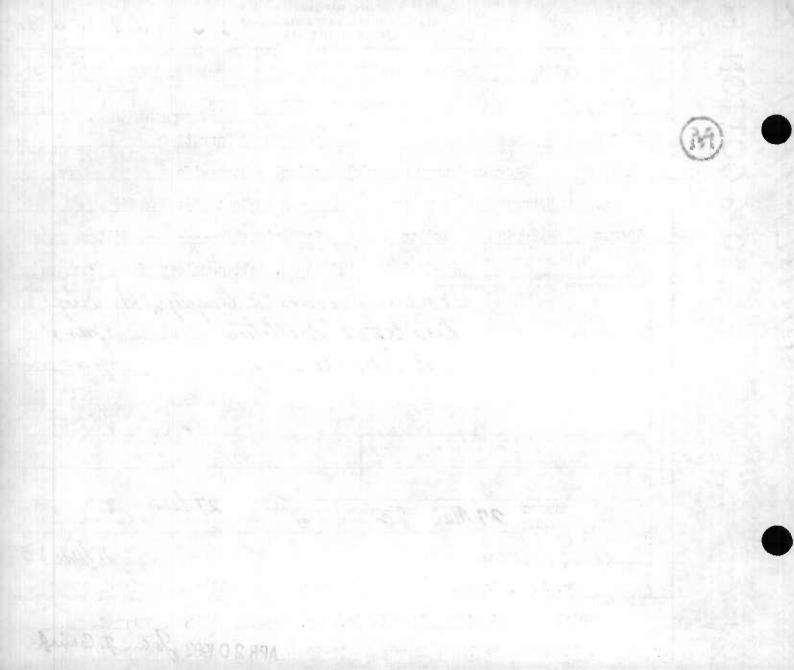
21550

Oakland, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

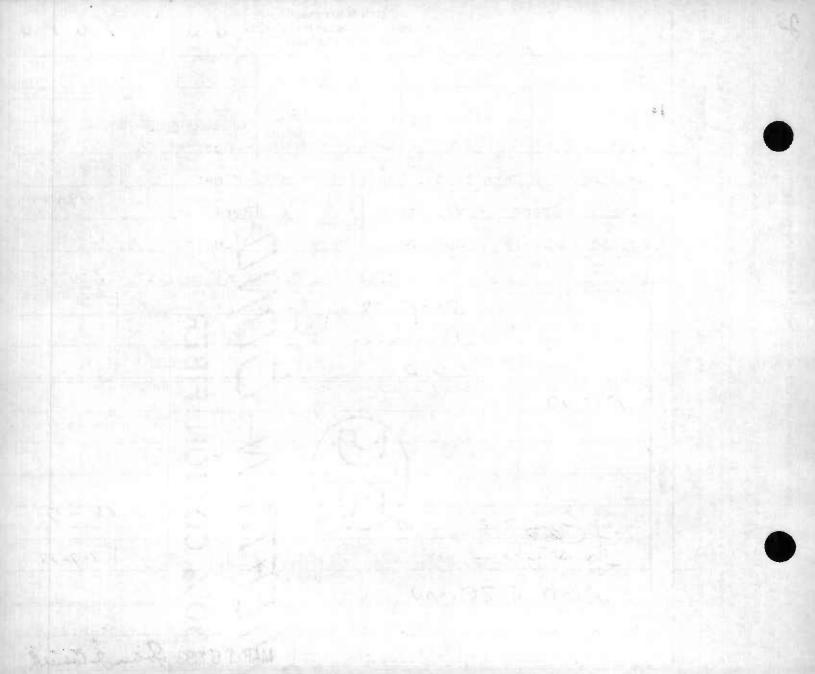
IMPORTANT: If Ite

Bradley A. Stewart



6

David A. Burdock



						STATE OF					
	1-	FOR STATE REGISTRAR			DEPARTI		TH AND MENTAL H TE OF DEATH	0	5	0 7	6 7
	1, DEC	CEASED NAME	FIRST		MIDDLE	LAST		2a DATE OF DEA	EG. NO.	DAY Y	EAR 2b. HOUF
	TITPE		hester		0.	Lewis	1	3-15-	83		2/9
~	A SE	Le		RACE White		5. DATE OF BIR		6. AGE (IN YEARS		MONTHS RS.	DAYS HOURS
583	BI Q	RTHPLACE (STATE OR	FOREIGN 7b	U.S. A	F WHAT COUNTRY?	MARRIED X	NEVER MARRIED DIVORCED	E come de de	ITY OR COU		тн
65		ry or town of DE	ATH III		HOSPITAL, NURSIN UCH FACILITY, GIVE STREET	ADDRESS). A H	THER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR	MOST OF WORKI	NG LIFE) 126. KI	IND OF BUSINES
83	130.0	L RESIDENCE (IF NURS	Presto	/	GIVE RESIDENCE BEFORE  JEVA AL	ta   13d   YE	INSIDE CITY LIMITS?	Main 3:	ress treet		999
1299	14 FA	THER'S NAME FIRST Silan	ŵ.	DDLE	Lewis	15. A	MOTHER'S MAIDEN I	MII	J.	itchne	U <sup>AST</sup>
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. SETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. PECORDS. 201 W. PRESTON STREET, ESTI-1983 110A Lillian DEATH MATED 3 Frances Lov 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER I YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED White Female May 1901 1083 LILOA TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY West Virginia USA Garrett DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Oakland Garrett Co. Mem. Hospital Housewife Own Home USUAL RESIDENCE (# IN THE INTERNAL OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13m STATE HIM COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS W. Va. Mineral Ridgelev 56 Blocker St. YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Charles M. Pultz Pownall Dora 17. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Skyline Dr. (YES, NO, OR UNKNOWN) Lowell Lov Ridgeley, W. Va. 26753 233-34-6169 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD,"PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEATHWORD, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Sepsis with hypotension Hours IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Acute viral respiratory infection Davs gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L (#) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM ETC 1 STREET WHILE AT WORK CITY OR TOWN COUNTY STATE X I taok charge of the remains described above, held an Inquiry X Inspection and in my apinion deoth resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE 3-7-1983 MEDICAL EXAMINER James H. Feaster. ADDRESS 107 S. 2nd. St., Oakland, Maryland TYPE OR PRINT Jr. M. D. 230. BURIAL CREMATION, REMOVAL 236 DATE 731. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Buria Mt. Zion Cemeterv Hampshire Va Augusta 250. DATE REC'D. BY REGISTRAR (156 REGISTRAR'S SIGNATUR **DAMH - 17** Oaklnad, Maryland 21550 Robert M. Durst (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND

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DHMH - 16 50M 1/B1 (VRA 15, 4)

Bradley A. Stewart

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	Uni.	REGISTRAR				CERTII	ICATE OF DEATH	H	REG. N	10.			
		CEASED NAME	FIRST		MIDDLE		LAST	2	a. DATE OF DEATH		DAY YEAR	2b HOU	JR
	LIAME	CRPRINT)	lubert	E1	lsworth	Ma	artin		March 2,	1983		730	Δ
Н	3 SE.	X		4. RACE		5 DATE			AGE (IN YEARS LAST BE		IF UNDER I YEAR		24 HR5
		Male		Whi			14, 1901 YEAR	AR	81	YRS	MONTHS DAYS	HOURS	MIN.
100		IRTHPLACE (STATE OR		76 CITIZEN OF	WHAT COUNTRY	? 8	D X NEVER MARRIED	9.	BALTIMORE CITY	OR COUNT	Y OF DEATH	-	
5	We	st Virgini		US		WIDOWI	D DIVORCED	D	Garrett				MD
1		ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS H FACILITY, GIVE STREI		OR OTHER INSTITUTION		TYPE OF WORK FOR MOST		126. KIND	OF BUSINE	ESSOR
		akland		Garret	t County	/ Memor	rial Hospit		Farmer/Bu				
1	13a S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	13c. CITY OR TO		134 INSIDE CITY LIMI		e STREET ADDRESS				
0		Md.	Garr	ett	Oaklan		YES NO X		Route #5,	Box S	280	(2155	50)
	14. FA	ATHER'S NAME					15 MOTHER'S MAIDE			DON E	-00	1610	201
0		Elmer		MIDDLE	Marti	n	Lilly	y	M.		Black	burn	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	£36	ADDR	ESS			
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-		Conditions, if any, which (b) PARKINSONS/								Ye	Years		
		cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF CONS											
Н		(c)_			CON 50	2411			Tausin	4		nths	
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1		OR CONTRIBUTING	hom.		M. MONTH [	DAY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)		
	CA	(IF EITHER NOTIFY MEDIC	CALEXAMINER	P.A		19							
1	MEDICAL	21d. INJURY OCCURE		21e PLACE C	OF INJURY EET, FACTORY, OFFICE.	EARM ETC 1	21f. LOCATION		CITY OR TO	WN	COUNTY	5	STATE
-1	~	WHILE NOT WH	RK	( and the state	LET, FACTORY, OFFICE,	, rakm EIC J						3	TAIL
1		220.1 certify that (1) saw the decease	XXXXX	XI) attended the	deceased from	54.0	19	82	, to Nage	142	1983	that (1) (5	veklast
		sow the decease abave (h (we) (a	ed alive on	mare we will be hady	otter death	83 . ar	d that in (our) op	pinion dea	th accurred an the d	ate and hou	or and fram the	causes sta	ated
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		12	San	nel	mile	I	ATTENDIN PHYSICIA	ING I	MEDICAL STA	FF IAN [	3/	2/83	
		22d PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRESS				1 3/1	-705	
		Dr.	Danie	l Miller	, MD		311 North	Four	rth St., (	)aklan	d, Md.	215	50
	23a. B	URIAL, CREMATION,	REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATO		23d LOCATION			,	
	(:	buri	al	3/5/8	33 F	riend	Cemetery		Oakland,	Garre	ett. Mai	מבועמ	TATE
	24 FU	INERAL DIRECTOR				TOTAL	250	So. DATE RE		A REGIST	RAR GIG 45	UARE I	-
	R	radley A.	Stowa	nt Oal	aland, M	מר לעמב		MAR	1 1 1983	John	- Or ca	mery	•
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Oakland, Maryland

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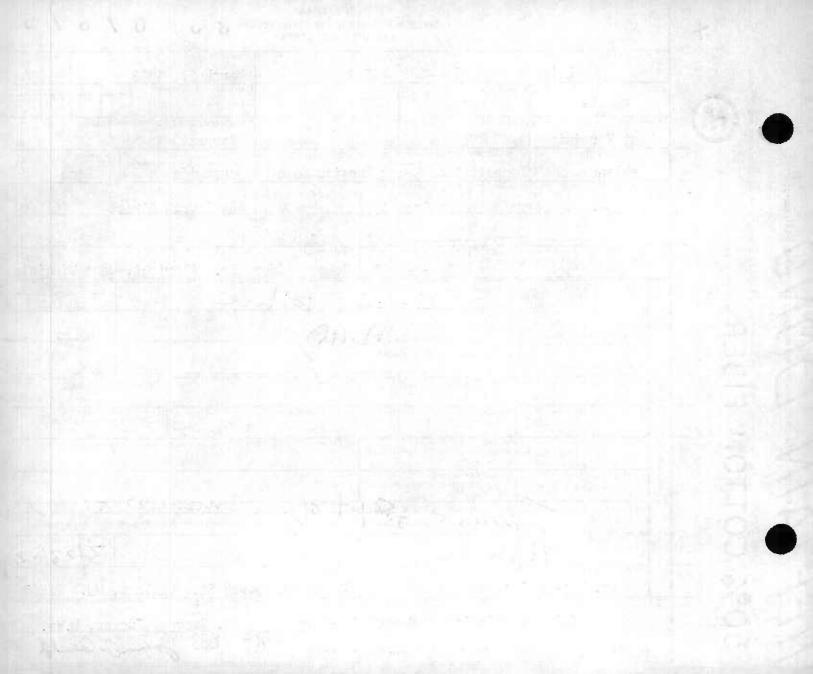
STATE OF MARYLAND

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BP\_\_\_\_\_ DHMH - 16 50M 1/8 (VRA 15, 4)

-	1.	STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	0 0	U	10	1 3
		CEASED NAME	FIRST		MIDDLE	L	AST	REG. N 20. DATE OF DEATH		AY YEAR	2b HOUR
	TIANE	OR PRINT)	Lela	Or	el	PIF	R	March 27,	1093		0900A M
	1 SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Wh	ite	May	9, 1921 YEAR	61	YRS.	ONIHS! DAYS	HOURS MIN.
11	Ja. 8	RTHPLACE (STATE O	IR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	_	9 BALTIMORE CITY		OF DEATH	
20		lest Virgi		U	SA	WIDOWE	DI NEVER MARRIED DIVORCED X	Garrett	M		
11	10 C	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF BUSINESS OF	
0		Oakland	11 TO	Dennett	Road Ma	nor Nu	ursing Home	Housewife	F WORKING LIFE)	Hon	ne
51	USU. 13a. S	AL RESIDENCE (IF NU	13b. COU		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		in the	
2		Md.	Gar	rrett	0ak1an	d	YES NO X	450 Fourt	h Stree	et	(21550)
1//	14. FA	ATHER'S NAME FIRST		WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	10-	LAST	-100.010
10				Jnknown-			Sarah				reets
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECL		17 INFORMANT	ADDRI			
1		<u>No</u>			218-96-	9861	Robert Pifer	r, Sr., Alb	right,		
		18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for (a), (b), on	d (c).)	h Di				MATE INTERVAL DISET AND DEATH
		unio		E CAUSE (a)	C3	~91.	en Mail	ne	46	Min	utes
		7190		DUE TO, OI	R AS A CONSEOU	ENCEOF	110				
		Conditions, if on gove rise to in		(b)		17	SHO			Yea	rs
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17	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
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G	CER	210. ACCIDENT WAS U	_		FINJURY M. MONTH DA	AV VEAD	21c. HOW INJURY OCCURR		EY IN ITEM 18, PAR	RT I OR PART 2)	
/	CAL	OR CONTRIBUTING [				19					
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	2	AT WORK AT W	ORK		LES, FACTORS, OFFICE, F	·	1/		1		STATE
		220.1 certify that (	I) (this hospi	tal) ottended the	deceased from_	Sei	0 19	to VUZV	2/19	9 03,1	hot (I) (we) lost
		obove, (I) (we)	sed olive on (did) (did no	1) view the body	olter deoth.		d that in (my) (out) opinion d	eoth occurred on the de	ate and hour o	and from the c	ouses stated
		22b. SIGNATURE	1	11			DEGREE ATTENDING	MEDICAL STAT		22c. DATE S	IGNED
				John	n		PHYSICIAN	MEDICAL STAI	IAN	15/	58/03
		22d. PHYSICIAN'S N			140		22e ADDRESS				
1				Johnson			311 North Fo		<u>)aklanc</u>	d, Md.	21550
		URIAL, CREMATION		23b. DATE			METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
211	24 FI	bur INERAL DIRECTOR	Idl	3/29	/83   Ne	estor	Cemetery	St. Georg		cker, W	.Va.
		radley A.	Stowe	nt Oal	kland, Ma		d 21550 PAPA	1800 B. B. 1983 TRAR	DEVREGISTRA	2 Cal	week
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STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		PHYSICIAN
NA NA NA NA NA NA NA NA NA NA NA NA NA N		TIENDING
	)	OR A
		HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate he executed within 24 hours of

FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	GIENE 8 3	07676
1 DECEASED NAME FIRST	DAVID	reston	20 DATE OF DEATH	MONTH DAY YEAR 25 HOUR
3 SEX MALE	4 RACE WHITE	S. DATE OF BIRTH  OCT 1885	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 74 MRS. MONTHS DAYS HOURS MIN
70 BIRTHPLACE STATE OR FOREIGN COUNTRY MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH
OAKLAND	11. NAME OF HOSPITAL, NURSING CUPPETT WEEKS	G HOME OR OTHER INSTITUTION NURSING HOME	120 USUAL OCCUPATION OF THE PROPERTY OF WORKERS WORKERS	
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE MARYLAND ALLE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  131 BARTON		13e STREET ADDRESS	MARYLAND 21521
DENNIS	PRESTÓN	IS MOTHER'S MAIDEN NA KATHERINI	E MIDDLE	POLAND LAST
160 WAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECUI WAR OR DATES) 217-01-8		FON WESTER	NPORT, MD. 21562
18 CAUSE OF DEATH LETTER and PART I. DEATH WAS CAUSE!  ### J # 9 IMMEDIAT  Conditions, if any, which gove rise to immediate cause in stating the underlying cause last	ly ane cause per ly and r (a), by and p BY:  E CAUSE (a) CPEDC  DUE TO, OR AS CONSEQUE  (b) DUE TO, OR AS CONSEQUE	ral Ischemic	Č	day
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEA  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WH AT WORK NOT WH AT WORK NOT WH	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITY OR TOW	VN COUNTY STATE
Saw the deceased alive on above, (1) (we) (did) (did no		and that in (my) (aur) opinion	death occurred on the do	
22b. SIGNATURE	hantm	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	
DR . G. ANTI	6/4-H	0AKI.NAD	*	
(SPECIFY) BURIAL		AME OF CEMETERY OR CREMATORY UREL HILL CEMETER		ILLS ACCEGANY MOTATE
24. FUNERAL DIRECTOR // // //	A CONTRACT OF COLUMN	lor DA	TE REC'D. BY REGISTRAR	

Noting Pression Pression THE REPORT OF THE PARTY OF THE read of the Manager of the second Land Defend To Company 15 1 June 18 June 1 83 1. 329.83 MAR 2 B 1883 Pen 2 Carind

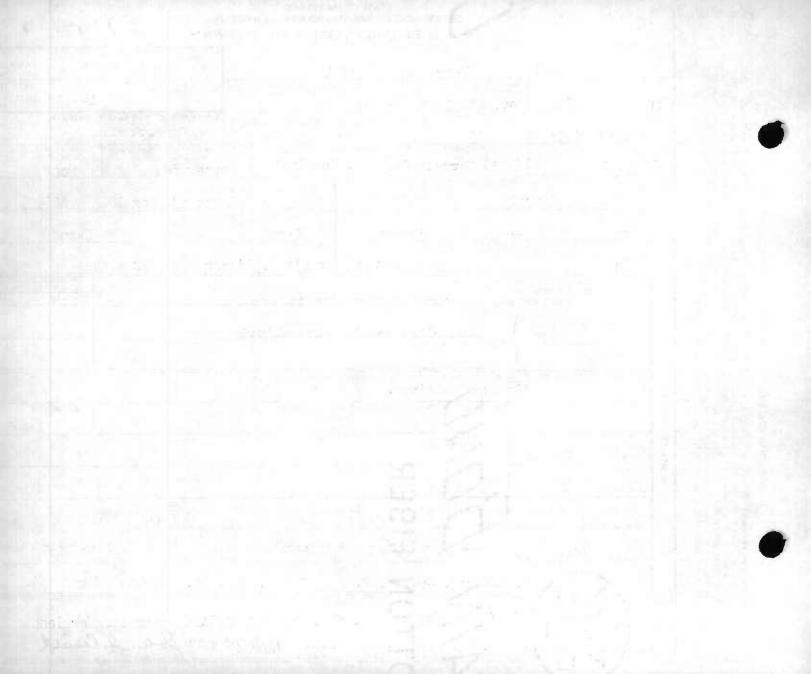
1		- STATE REGISTRAR				FICATE OF DEATH	REG. N	10.	1 5	11
death death	(TYF	400	Borge Pap.	Ervin	She	Shepherd	March 1			26 HOUR 9:55PM
96 4 3	3. SE	Male	Whi	te	Au	gust <sup>0</sup> 5,1893	6. AGE (IN YEARS LAST BI	YRS.	UNDER I YEAR	HOURS MIN.
100	77. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		F WHAT COUNTRY?	MARRIE	D NEVER MARRIED D	9 BALTIMORE CITY C	OR COUNTY O	F DEATH	
9/0		Oakland	11. NAME O		ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE)	INDUSTRY	F BUSINESS OR Martin
the state of the s	13a. Mc	121502 All	DROTHER INSTITUTION JINTY Legany	Bowling G	reen	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 396 Bowk	ing Ave	enue °	21502
ompletel 1 and 2 s		ATHER'S NAME FIRST HENRY	Clay	Shephe		15. MOTHER'S MAIDEN NA FIRST  LAVETNE	WIDDIE		McK	enzie
S. Pages	160		RMED FORCES:	705-10-8		Vernon Sheph	erd	1220		nng St.S Marylan
a physici on paper emovol.		PART I. DEATH WAS CAUS	only one couse p SED BY: ATE CAUSE (o)_	Ench	cnat	Mumb	esci		MIN M	MATE INTERVAL DISET AND DEATH
ave carb ave carb itian, or r aumatic	3	Conditions, if ony, which	DUE TO,	OR AS CONSEQU	ENCE OF	ischemia			for.	
d by the eose rem al, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS ACOMSEQU	Sele	note CV	Dis		41	
Then pl	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS	ENTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART HE	)
hos been in permit.	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOS	20b. IF YES, V IN CERTIFYIN	VERE FINDING CAUSES	GS USED OF DEATH?
erhificate ial-transin ntal Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART ?)	
s the bur ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
TOR: Aft for use o af Health		220.1 certify that (I) (this has	n 3-16	. 8 3 19	Dec	nd that in (my) (our) apinion	death occurred on the d	ote and hour a	P.3	that (I) (we) last
AL DIREC erached re Dept.		obave, (1) (we) (did) (did n 22b. SIGNATURE	DOD.	ntmo-		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF	22c. DATE	
should by the Should be detected by the Shou		22d. PHYSICIAN'S NAME (TYPE  B. S. Grant	OR PRI			22e ADDRESS Oakland,		CIAIN		
		BURIAL, CREMATION, REMOVA (SPECIFY)	L 23b. DATE			EMETERY OR CREMATORY	23d LOCATION City or town Cumberlas	1 100-	OUNIY	alif Ali
P	LE	Burial UNERAL DIRECTOR GEORGI NAME OZ Greene Strei	3/21	/83 ISW	1KOT N	lemorial Park	Cumbertial	AM-ALLO	oanu ()	0Ma.

	and: 1 , 146	transplant		beings .	
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J. S. Mark, 4.0. Curber Easy (- Acceptus Co. - Id. WAR STORE & Carried

Markey Markey

	1	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIEN	E - ,		01 .	7 1	, -,	13
	1-	STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S C	ERTIFICATE C	F DEX	TH	REG.	NO.	/ 9	) /	O
		CEASED NAME	FIRST		WIDDLE		LAST		OF DATE		_	NTH DA	AY YEAR	2b. HOUR
		LONTHINI	Hazel	M.	arv	SIS	SLER	- 1	OF DEATH	MATED	<u></u> 3	3 14	1983	330₽
	3. SEX	4. R	ACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER		c. DATE		MON	ITH DA		2d. HOUR
	Fe	male V	hite	Nov. 25,	1000 50	(RS.	S DAYS HOURS	MIN.	RONOUN		3	14	+ 1,83	4P
0	70. B	RTHPLACE (STATE)		76. CITIZEN OF WH		12	ED THE WED WARD	F0 []	BALTIM	ORE CIT	Y OR CO	UNTYO		M
2	2	West Viro	ninia	USA		WIDOW	ED X NEVER MARR		(	arre	tt			
1		TY OR TOWN OF		II. NAME OF HOS	PITAL, NURSING HOM	E. OR OTH	ER INSTITUTION	12a USU	AL OCCUP	ATION (	TYPE OF WO	ORK 12b	KIND OF BU	ISINESS
5	C	akland	/	(DOA) Ga	rett Co.	Mem. I	Hospital		ost of wor USEW1				OR INDUSTI	RY
pro-	USU	AL RESIDENCE HE IN		R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)							Home	
2	130.5	Md.	Gari		Oakland		13d. INSIDE CITY LIMITS? YES NO 😧		et addre ute #		ov 1	E 2	(215	-01
	14, F	ATHER'S NAME	1 dail		1 Oak faire	1	IS. MOTHER'S MAIDE		ute #	J, D	ox 1	33	(215	00)
)		Roy		MIDDLE	Rumer	10 4	FIRST	71116	M	DOLE		/ -	LAST	
	160. V	VAS DECEASED EV	ER IN U.S. ARM	MED FORCES?	16b. SOCIAL SECURI	IY NO.	Edna 17. INFORMANT			ADDRE	ŚŚ	E.	vans	
П	IA	ES, NO, OR UNKNOWN) NO	(IF YES, GIVE V	VAR OR DATES)	222 60 51	26	Arnold D.	Sicl	n c			have		
	-		ATH /Enter col	y ane cause per line	1 232-60-51	20	Arnora D.	21216	:1, 3	ee #	13 d	20 ve	APPROXIMATE	BUTERVAL
ì		PART I DEATH	WAS CAUSED	BY:			- 6.3					_	ETWEEN ONSET	AND DEATH
		414	9 IMMEDIAT		ronary art		isease					- Y	<i>lears</i>	
STAULTHON O BURNAL, CHEMATION, OR REMOVAL.		Canditians, i	any, which										11	
			a immediate ing the under-	(b) Ar	terioscler	osis,	generaliz	ed				-	11	
		lying cause la		DOL 10, OK	AS A CONSEQUENCE	OF						20		
		PART 2 DTHER SIGNIFIC	TANT CONDITIONS C	DINTERBITING TO DEATH 0	UT NOT RELATED TO THE TER	MINIAL BISTACE	On countries over wear							
	NO			Diabetes	mellitus.	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT I (a)						
5	ATIC	19a. DATE OF OPE			ION FOR WHICH OPE	RATION WA	AS PERFORMED?					720	. AUTOPSY?	
4	FF			1								22	YES 🗆	NO X
2	MEDICAL CERTIFICATION	210. EXTERNAL CA	_	21b. TIME OF		21c. HO	W INJURY OCCURRE	D (ENTER NA	TURE OF INJ	JRY IN ITEM	T8 PART 1 O	R PART 2)	163	NOE
2	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DAY YEA	R								
	EDIC	21d INJURY OCCU	JRRED	21e PLACE O	FINJURY (ATHOME,	21f_LOC								
	*	WHILE AT WORK AT	OT WHILE	STREET, FACTO	DRY, FARM, ETC.)	51	REET		CITY OR TOV	/N		COUNTY		STATE
			//					₩.		[32]				
		22a I certify the	/		ribed abave, held an	Autaps	y . Inspection	n 🔁 ,	Inquiry	<b>A</b> , _	and in my	/ apınian		
2		, death resulted fr	Naturo	al causes X	Accident , S	ricide	Hamicide	Undeter	mined ma	nner	],			
		ACTUAL /	alex	1	EX	-, 3	DEPUTY DEPUTY				DA	13-14	+-1983	
5		SIGNATITIE	-	4 0~	/	M.	D	MEDIC	AL EXAM	INER		NED		
		EXAMINE HAN	<sup>NE</sup> James	H. Feaste	r, Jr., M.	D.	ADDRESS 107 S.	2nd	St.	Oak	land	M=	arvlan	d
	23a B	JRIAL, CREMATION			23c. NAME OF CE					, oan		, ,,,,	J.J.	
	(5	buri		3/17/83				23d LOC	NWOTS	-		OUNTY	STA	
	24 FI	JNERAL DIRECTOR	u i	3/11/03	Garrett	CO. M	em. Garden	SEC'D BY	Land	Gar	GISTRAR	S SIGNA	arylan	d
	p,	radley A	Stoway	ADDRESS	nd Maryla	nd 0	1550 MAI	4	1983	You	in	2. Ca	well	
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2		1.	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8 3	0	7	6 7 9
	. ne -60		OR PRINT)	FIRST		MIDDLE		AST	turbine of bernin	MONTH	DAY YEA	Zb. HOUR
	4 and		ABN	IER	K	LLEY	TICI	HNELL	MARCH 25,	1983	V2	
	(M)	3. SE	MALE		4 RACE WH	ITE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) YRS.		YEAR IF UNDER 24 HI
	1 100	WE E	RTHPLACE ISTATE OR FORE	IGN )	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	DE NEVER MARRIED	9 BALTIMORE CITY C			Н
5	The letter of	87	ITY OR TOWN OF DEATH		RT.1 BO	CH FACILITY, GIVE STREET DX 246	ADDRESS)	OR OTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF FARMING	ION DE WORKING !	LIFE) 176. KIN INDUS FARI	ND OF BUSINESS OF TRY MING
AND 212	35	13a. :	MARYLAND	GAKL	1TY	SWANTON	/N	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	246	21	561
MARYL	and 21	14. F	HOMAN		MIDDLE	T.LCHNELL		15. MOTHER'S MAIDEN NA	AME		SHARPI	LESS
IMORE,	Poges Pedical		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (		MED FORCES? E WAR OR DATES)	213 16 9		IVA P. TICHN	ADDR		ON, MU	. 21501
1 W. PRESTON ST., BAL	that the death certificate by the attending physics size remains are companied as the companied of the compa		Canditians, if any, v gave rise to immer cause (a), stating	vhich	DUE TO, C	or line for (a), (b), and for AS A CONSEQUENT	ENCE OF	cerobal	lemons	3	APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEAT
RECORDS, 301	Then plants to burie	NO	PART 2. OTHER SIGNIE	ICANT O		ONTRIBUTING TO	0	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION G	IVEN IN PAR	T Ita
AL RECO	hos been to permit the permit.	тівсат	19a. DATE OF OPERATIO	N	A. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🏝	IN CERT		NDINGS USED JSES OF DEATH? NO
NOF VIE	SCIAN To physic artificate metal Hyge ental Hyge heart 18,4	CAL CERT	710, ACCIDENT WAS UNDER OR CONTRIBUTING CAU (# E)THER, NOT#Y MEDICAL I	JSE OF DEA	TH HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18.	, PART 1 OR PART	( 2)
DIVISION	offerda offerda is the bu	MEDIC	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	71f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	pirtol or 1108, Al for use of Health		27a.   certify that (1) (the saw the deceased above (1) (we) (did	alive an	3-24	19	198	nd that in my (aur) apinian	death occurred on the d	ate and ho	., 19 S	, tha (1) (we) I the causes stated
	A 2 2 2 4	1	776. SIGNATURE	-	~ ^	and deam.		DEGREE			77r D	ATE SIGNED

DHMH-16 60M 1.73

TO FUNERAL DISE should be deteched with the State Dept MAPORTANT. If her

774 PHYSMLAN

THE BURIAL CHEMATION, REMOVAL

BUALS FURMIAL SERVICE, 1 A.

23h DATE

PICHNELL CEMETERY LeitNr Unit . Pill .

27e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

73d. LOCATION SWAINT CIN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

GARRETT

STATE MLD.

77c. DATE SIGNED

-28-13

D. BY REGISTRAR'S SIGNATURE

176. KIND OF BUSINESS OR INDUSTRY
FARMING

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

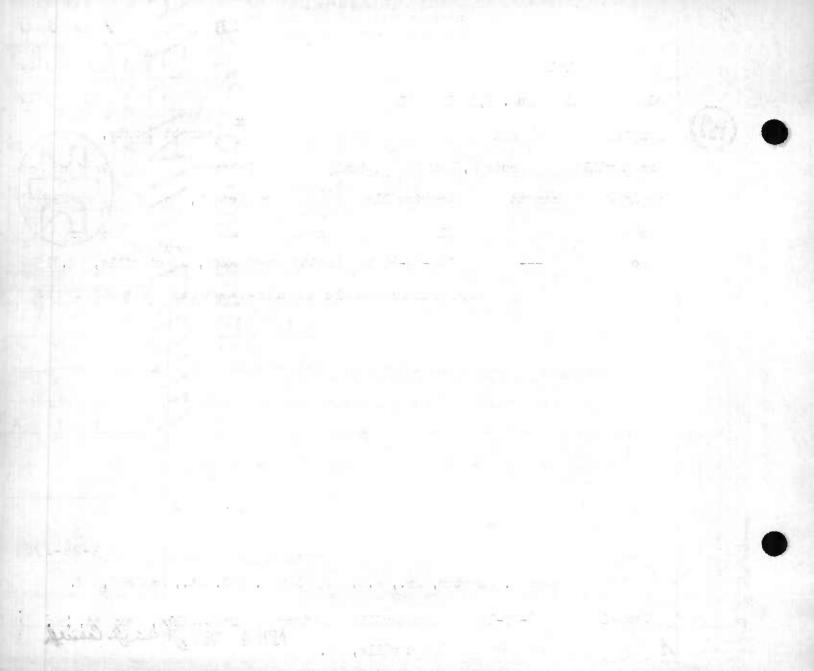
that (I) (we) last

IF UNDER 24 HRS.

MIN

MD.

1 3 69 015 . . . . 5 TOP I THE CO.



WESTERNPORT. MD.

(VRA 15, 4)

APR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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